GOVERNMENT OF INDIA
PLANNING
LOK SABHA

UNSTARRED QUESTION NO:1526
ANSWERED ON:27.11.2002
FUNDS ALLOCATED UNDER NPP
ADHIR RANJAN CHOWDHURY;SHYAMA SINGH

Will the Minister of PLANNING be pleased to state:

(a) the details of the funds allocated under the National Population Policy (NPP) during the last three years, State-wise;

(b) the details of States not adopting the norms of the NPP; and

(c) the concrete plans formulated to implement the NPP in an effective manner?

Answer

MINISTER OF STATE IN THE MINISTRY OF SMALL SCALE INDUSTRIES, MINISTER OF STATE IN THE MINISTRY O PERSONNEL, PUBLIC GRIEVANCES & PENSIONS, MINISTER OF STATE IN THE MINISTRY OF PLANNING AND MINISTER O STATE IN THE DEPARTMENTS OF ATOMIC ENERGY AND SPACE (SHRIMATI VASUNDHARA RAJE)

(a) Details of State-wise funds released / allocated during last three years by the Department of Family Welfare and the National Commission on Population for the Family Welfare programmes including the National Population Policy − 2000 aregiven at Annexures - I & II.

(b) Generally, the State Population Policies have been in line with the norms of the NPP.However, the State Population Policies of Andhra Pradesh, Uttar Pradesh, MadhyaPradesh and Rajasthan propose certain disincentives to promote the small familyconcept, which are at variance with the NPP norms.

(c) The initiatives taken for implementing the NPP are given below :

Department of Family Welfare

(i) RCH Outreach Scheme : An RCH Outreach Scheme is being implemented to strengthen the delivery of immunization and other maternal and child health services in remote and comparatively weaker districts and urban slums in 8 large States. Selected districts will be provided additional support for mobility of staff improvement in quality of services and generation of demand for services. In the current year the Scheme has been operationalized in 50 districts. The Scheme has been expanded to cover 100 additional districts in 2001-2002.

(ii) Operationalization of District Newborn Care : Sixty districts have beenprovided equipment to upgrade neonatal care facilities. In each of these districts equipment has been supplied to the district hospitals, 4 sub- district first referral facilities and 20 primary health centres. In the selected districts the National Neonatology Forum has imparted training tothe medical staff of the facilities where equipment has been supplied. Till date the scheme has been operationalized in 60 districts. 2096 medical officers, 218 pediatricians and 114 obstetricians have been trained. The Department of Family Welfare proposed to expand the Scheme toadditional districts in the current year.

(iii) Home Based Neonatal Care : The Department of Family Welfare hasconveyed its `in principle` approval to two proposals for introducing home based neonatal care. The first is based on the Gadchiroli model and entails development of training materials, pilot testing and launching of the initiative in selected blocks mainly through NGOs.The ultimate objective is to evolve a National Programme for provision of neonatal care at the grassroots level. The second is a proposal from ICMR, which is inthe nature of an operations research project to implement home based neonatal care through various models viz. private practitioners, ANMs, NGOs etc. These projects are expected to the finalized and approved within the next couple of months.

(iv) Border District Cluster Strategy (BDCS) : Under this initiative 49 districtsspread over 17 States have been selected for providing focused interventions for reducing the infant mortality and maternal mortality rates by at least 50% over the next two to three years. States and districts have been allowed sufficient flexibility to introduce innovations to achieve the objectives. Districts are being supported for development and training of Health and Nutrition Teams, physical upgradation of sub-centres and primary health centres, additional supply of equipment and drugs, organization of outreach sessions, support for mobility of staff, development of local IEC for social mobilization.In addition, training of medical officers, upgradation of First Referral Units and filling of vacantposts through contractual appointments has been allowed depending on the needs of the districts.

(v) Integrated Management of Childhood Illnesses (IMCI) : The Core Groupon IMCI has been activated.It has been decided to adapt the generic IMCI materials and launch IMCI in selected BDCS districts.

(vi) Dai Training : A new scheme for training of Dais has been initiated during the year 2001. The scheme is being implemented in 142 districts in 15 States of the country. The districts have been selected on the basis of the safe delivery rates being less than 30%.

(vii) RCH Camps : In order to provide the RCH services to people living inremote areas where the existing services at PHC level are under utilized, a scheme for holding camps has been initiated during this year. The Scheme will be implemented in the 10 weak States and also in 7 North Eastern States. Initially 102 districts have been selected in these States and more districts would be added next year. It is proposed to expand the scheme to all category C districts in the country.

(viii) Vitamin A : A National Consultation on Benefits and Safety of Administration of Vitamin A to Pre-school Children and Pregnant and Lactating Women was organized on 29th-30th September, 200. The recommendations of the National Consultation have been widely disseminated. The same were also published by the Indian Academy of Pediatrics in their journal.

(ix) Convergence of services through Health Melas : Convergence of healthand family welfare services has been attempted through health melas in underserved areas/districts where these services were deficient. Health Melas were organized for integrated services and counseling to all needy, free of cost with proper survey and publicity. The Melas held so far have been very successful. These Melas have provided a comprehensive service on health and family welfare issues ranging from blindness, tuberculosis, family planning methods, maternal and child health to heart ailments and HIV/AIDS People can voluntarily avail themselves of contraceptive services like sterilization and IUD insertions during theMelas. The opportunities provided by the Mela were successfully utilized also for the purpose of counseling and dissemination of information relating to healthcare to the local people. A substantial quantum of medicines was also distributed. Cases of TB, cataract and other ailmentswere also detected during the Mela. During the year 2001-2002, Government of India supported organization of Health Melas at 33 places, which were mostly in rural and semi urban areas.

(x) Empowered Action Group : The States of U.P., Madhya Pradesh, Bihar,Rajasthan, Orissa, Chhattisgarh, Uttaranchal and Jharkhand, which currently constitute nearly 45% of the total population of India, are projected to comprise 48% of the total population in 2016. In other words, these States alone will contribute an anticipated 55% increase during the period 1996-2016. Demographic outcomes in these States will determine the timing and size of population at which India achieves population stabilization. As announced by the Hon`ble Prime Minister in the first meeting of the National Commission on Population, an Empowered Action Group has been constituted in the Ministry of Health and FamilyWelfare under the chairmanship of the Union Minister for Health andFamily Welfare to facilitate the preparation of area specific programmes with special emphasis on the above States that have been lagging behind in containing population growth within manageable limits.

(xi) National Population Stabilization Fund : As announced by the hon`blePrime Minister at the first meeting of the National Commission on Population, a National Population Stabilization Fund will be set up toprovide a window for canalizing resources from national voluntary organizations corporate sector, industry, trade, organizations and individuals etc. to aid projects of population stabilization. It has been decided to relocate the Fund in the Ministry of Health and Family Welfareand the steps for reconstituting the same are being taken by the Department of Family Welfare.

National Commission on Population

(i) On the basis of the decisions taken at the first Conference of the Commissionand the Strategic Support Group of Secretaries of the concerned Departments, eight Working /Advisory Groups were constituted by the NCP. Thereport/recommendations of these Groups have been forwarded to the concerned Departments and taken into consideration, to the extent possible, in the sectoral programmes for the Tenth Five Year Plan.

(ii) A thorough review of the implementation of the national Family Welfare programme in the high fertility States and at the national level.

(iii) Identification of 133 districts having TFR>3.5 for focused action forpopulation stabilization followed by a conference of DMs of these districts to discuss and decide about various matters relating to population stabilization.

(iv) Selection of social, economic and demographic indicators for monitoring purpose.

(v) Conference of Demographic Research Organisations for integrating the results of research with policy formulation.

(vi) Field visits for evolving grass-root level models for addressing various issues relating to population stabilization. On this basis, area specific field level initiatives will be undertaken with the involvement of PRIs, NGOs, WomenSelf-Help Groups and Youth Organisations.

(vii) Two Ministerial Conferences were organized for convergence of social sector programmes.

(viii) A Conference of State Population Commissions was organized where adetailed review of the implementation of the State Population Policies were undertaken. This has given an opportunity for sharing the experiences of better performing States viz. a viz. States which are witnessing high population growth now.

Annexure I

Statement referred to reply to part (a) of the Lok Sabha Unstarred Qn. No. 1526

State-Wise Release of Infrastructure & other programmes (RCH, Area Projects, IEC & NMBS) for the period 1999-2000 to 2001 2002

(Rs. in Lakhs)

Sl. No.	Name of State/UT	1999-2000			2000-2001			2001-2002		
		Infra-structure	Other Schemes	Total	Infra-structure	Other Schemes	Total	Infra-structure	Other Schemes	Total
1.	Andhra Pr.	13045.53	2402,51	15448.04	12869.32	5747.89	18617.21	14080.39	5388.93	19469.32
2.	Arunachal Pr.	334,55	169,62	504,17	386,90	192,40	579,30	578,67	177.87	75654
3.	Assam	7692.25	3271,35	10963,60	7693,03	2835,39	10528.42	11177,97	3157.98	14335,95
4.	Bihar	16733.28	1468.37	18201.65	18064.43	2798.06	20862.49	13876.73	2042.09	15918.82
5.	Goa	325.94	53.16	379,10	395,29	24.45	419.74	341,32	40.71	382.03
6.	Gujarat	9805,99	1304.61	11110,60	10536,40	1374,81	11911.21	11466,35	7895,46	19361.81
7	Haryana	3633,04	953.54	4586,58	4166,08	1727.14	5893.22	4221.42	1316.67	5538.09
8.	Himachal Pr.	2294.93	443.04	2737.97	2432.97	459,28	2892.25	2658.33	315.45	2973.78
9.	J&K	2261.85	367.73	2629.58	2453.41	579.59	3033	2661.76	398.06	3059.82
10.	Karnataka	10781,23	1468,44	12249,67	15642,51	5662,01	21304,52	17034,32	6658,59	23692.91
11.	Kerala	6864.11	1072,51	7936.62	7054.02	1282.78	8336,80	7176.35	1326.13	8502.48
12.	M.P.	16361.97	2639.83	19001.8	16297.93	3791.78	20089.71	12376.53	3005.87	15382.4
13.	Maharashtra	15593.55	1493,41	17086,96	16540,33	1361,35	17901.68	19625.56	3352.45	22978.01
14.	Manipur	1055.35	512.65	1568,00	1097,81	438.39	1536.2	1636,48	721,13	2357.61
15.	Meghalaya	750.71	124,25	874,96	781,72	86.98	868.7	1185.78	187.2	1372.98
16.	Mizoram	444,27	582.73	1027	526.45	750.86	1277.31	873.8	771,55	1645.35
17.	Nagaland	500.51	165.63	666.14	547.85	168.81	716,66	796.34	178,45	974.79
18.	Orissa	7819,21	2023.84	9843.05	7636.23	1869.88	9506.11	8935.83	3250.79	12186.62
19.	Punjab	4188.09	495,92	4684.01	4407.39	759.91	5167.3	4611.2	739.78	5350.98
20.	Rajasthan	11750.6	1851.72	13602.32	13592.17	4918.98	18511.15	13514.32	5557.01	19071.33`
21.	Sikkim	418.68	63,42	482,10	450,24	56,83	507.07	739.22	83.48	822.7
22.	Tamil Nadu	13489,79	3621,13	17110,92	15455,84	4238,56	19694,40	14089,40	2826.5	16915.9
23	Tripura	1000.48	277,29	1277,77	1110,27	194,02	1304,29	1677,99	540,59	2218,58
24.	Uttar Pr.	29412.15	4184,74	33596,89	31289.19	5757,07	37046,26	30424.64	9192,77	39617.41
25.	West Bengal	11335.89	1529.01	12864.90	13953.89	3951.7	17905.59	14969.07	4033.46	19002.53
26.	Chhatisgarh	0	0	0	0	314.1	314.1	5093.5	963.43	6056.93
27.	Jharkhand	0	0	0	0	37	37	6970.85	620.43	7591.28
28.	Uttaranchal	0	0,00	0,00	0,00	208,59	208,59	3778,19	490.38	4268,57
	Total(States)	187893.95	32540.45	220434.4	205381.67	51028.92	256410.59	226572.31	65233.21	291805.52
	UTs with Legislature									
1.	Pondicherry	186.32	59,78	246.1	473.59	34,29	507,88	487.57	35.35	522.92
2.	Delhi	2791,07	1352,55	4143,62	1834,05	2332,46	4166.51	2090,42	1269,59	3360,01
	UTs without Legislature									
1.	A&N Island	186.79	43.69	230.48	230.61	43,16	273.77	305.53	48.96	354.49

2. D&N Haveli 77,98 36,86 114.84 76.85 14.31 91.16 68.89 26.43 95.32

3. Chandigarh 235.74 48.3 284.04 251.71 124.43 376,14 246.67 32,70 279,37

4. Lakshdweep 37,97 34,03 72.00 46.70 29.14 75.84 55.45 21.6 77.05

5. Daman & Diu 82.07 37.33 119.4 95.54 11,15 106.69 93,71 20,74 114.45

Total 3597.94 1612.54 5210.48 3009.05 2588.94 5597.99 3348.24 1455.37 4803.61

GRAND Total 191491.89 34152.99 225644.88 208390.72 53617.86 262008.58 229920.55 66688.58 296609.13

ANNEXURE-II

Statement referred to reply to part (a) of the Lok Sabha Unstarred Qn. No. 1526 due for answer on 27-11-2002

Additional Central Assistance (ACA) ALLOCATED BY NCP in 2000-2001 and 2001-2002